

**STATE OF ALABAMA
BOARD OF PHYSICAL THERAPY
100 No. Union Street, Suite 724
Montgomery, Alabama 36130-5040**

Telephone: (334) 242-4064 (888) 726-9743

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According to the AL STATE BOARD OF PHYSICAL THERAPY ADMINISTRATIVE CODE, Rule 700-X-2-.11(1)(2) "Any licensee...may be issued a replacement license upon making application...accompanied by an affidavit setting out the facts concerning the loss or destruction...or name change." Return this form and payment of a \$25 fee in the form of a money order to us by mail and your replacement license will be returned directly to you. For a name change, please return your old license to this office.

(CURRENT NAME - As listed on license)

(NEW NAME – If name change is requested)

AFFIDAVIT OF LICENSE

STATE OF _____) COUNTY OF _____)

REPLACEMENT: wall license/registration card, (CIRCLE ONE) Loss - Name Change

I, _____, AL license number _____, do hereby swear or affirm that my request for replacement of wall license/registration card is due to the following circumstances. (Please print, explaining your need for replacement.) _____

NAME: _____
(AS IT APPEARS ON LICENSE)

ADDRESS: _____
(STREET, CITY, STATE, ZIP CODE)

TELEPHONE: _____

SIGNATURE OF LICENSEE: _____

Sworn to and subscribed before me this the _____ day of _____, _____

Notary Public

Commission Expires: _____